

REQUEST FOR RESERVE ORDERS

Section I - Member. Complete Blocks 1 - 17. This form should be submitted at least **45** days prior to desired active duty date. See instructions on page 2.

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| 1. Name (last, first, MI): | | 2. SSN (last four digits only): | 3. Rank/Rate: |
| 4. Permanent Duty Station: | | 5. Current Home Address (Street, Apt#, City, State, Zip, Home Phone): Address change requested? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. Type of Duty (X block) <input type="checkbox"/> ADT-AT (12 duty days or less) <input type="checkbox"/> ADSW-RC ① <input type="checkbox"/> ADT-AT (13 duty days >) ① <input type="checkbox"/> ADSW-AC ② <input type="checkbox"/> RMP (Appropriate Duty) ① <input type="checkbox"/> ADT-OTD ① ① Regional ISC (pf) approval required, see Section IV. ② Commands must complete Section III for these orders | | | |
| 7. Duty Site (include OPFAC): | | | |
| 11. Purpose of Orders (i.e., OJT, Special Ops, etc.) | | 12. Non-Consecutive? <input type="checkbox"/> If yes, indicate periods below, continue in Block 23: | |
| 13. No. of ADT-AT duty days completed this FY: | 14. Pay status (X block): <input type="checkbox"/> Pay & Allowances <input type="checkbox"/> Non-Pay (Points only) | 15. Quarters, Messing, and Per Diem (X blocks): <input type="checkbox"/> Quarters Available <input type="checkbox"/> Messing Available <input type="checkbox"/> Per Diem requested (See Block 21.) <input type="checkbox"/> Quarters Not Available <input type="checkbox"/> Messing Not Available | |
| 16. Travel Status (Select either Privately Owned Conveyance (POC), Commercial or Local Travel and specify if you hold a Gov't Charge Card): | | | |
| A. <input type="checkbox"/> POC | | From: | To: Total Mileage: |
| B. <input type="checkbox"/> Commercial Trans | | From: | To: Est. Cost: |
| C. <input type="checkbox"/> Local Travel Reimbursement | | D. Do you hold a Government Travel Charge Card? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17. Member Signature/Certification: <input type="checkbox"/> I request a copy of my orders to be mailed to the address in Block 5 or FAXed to: | | | Date: |
| <p>"I HEREBY CERTIFY that there has been no material change in the conditions of dependency since the last submission of Form CG-4170A, BAH/DEPENDENCY/EMERGENCY DATA AND SGLI VALIDATION, and that allowances paid me for support of my dependents since that date have been valid and correct to the best of my knowledge." Contact your command and/or servicing PERSRU if dependency status has changed.</p> | | | |

Section II - Command Approval. Complete blocks 18 - 22

| | | |
|---|----------------------------------|-------------------|
| 18. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> See Remarks | Supervisor Signature: | Date: |
| 19. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> See Remarks | Dept./Div. Head Signature: | Date: |
| 20. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> See Remarks | CO/Approving Official Signature: | Date: |
| 21. Per Diem Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Block 24 | | 22. Program Code: |

Instructions

| Item | Explanation |
|--------------|--|
| 1. | Enter your Full Name: Last, first, and middle Initial |
| 2. | Enter the last four digits of your Social Security Number |
| 3. | Enter your rank or rate, i.e., LCDR, YN2, PSC, etc. |
| 4. | Enter your Permanent Duty Station (include staff symbol). i.e., STA Rockland, MSO Houston, MLCPAC (lc), etc. |
| 5. | Enter Current Home Mailing Address: Street, Apt#, P.O. Box, City, State, Zip & Home phone # (work phone # optional). Check box if you desire to have your LES address changed to address indicated in Block 5. |
| 6. | Indicate what type of duty is to be performed. ADT-AT over 12 duty days, ADSW-RC, ADT-OTD and RMP must be approved by regional ISC (pf). ADSW-AC: Accounting data and Document ID (TONO) must be entered in Section III by the command funding the ADSW-AC, and a copy of CG-3453 must be forwarded to regional ISC(pf). If you are attending a "C" school, e.g., CPO Academy, Mentoring Course, TQM Training, you must attach a completed TAD Travel request, CG HRSIC-2070 |
| 7. | Enter the Duty Site and OPFAC where duty is to be performed. |
| 8. | Enter Reporting Time and Date, note alternate dates in Block 23. |
| 9. | Enter Departing Time and Date, note alternate dates in Block 23. |
| 10. | Enter the total duration of duty in days. |
| 11. | Enter Purpose of Orders, i.e., OJT, Special Operations, Course of Instruction, etc. Do not use this form to request a "C" school, use form CG-5223. |
| 12. | Enter Non-consecutive periods (if known), continue in Block 23 if necessary. Report all Non-Consecutive AD utilizing Non-Consecutive Ad Endorsement Sheet (CG-5131A). |
| 13. | Enter total days of ADT-AT performed so far in the fiscal year in which this request is submitted. |
| 14. | Elect either pay or non-pay. Indicate any other variation of pay in Block 23. |
| 15. | Enter the quarters and messing availability at the Duty Site cited in Block 7. If quarters and messing are not available you may be entitled to Per Diem. Your Commanding Officer must approve the entitlement to Per Diem in Block #21. |
| 16. | Select appropriate type of travel: 16A. Enter total round trip mileage between Duty Site and Home or Airport and Home. 16B. Enter total cost of round trip commercial transportation fare (government rate). 16C. Check if Local Travel. 16D. Indicate if you hold a Government Travel Charge Card. |
| 17. | Sign and date form. Check box if you desire a copy of your orders to be mailed to the address in Block 5 or Faxed to a provided number. |
| 18-20 | Command approval/disapproval. If request is disapproved explain in remarks (Block 23). |
| 21. | Command approval of Per Diem. Commands should contact servicing (pf) for funding approval (except for ADSW-AC). Include estimated cost in block 24. |
| 22. | Command shall enter "Program Code" as listed in Section 6-D of the Personnel & Pay Procedures Manual, HRSIC M1000.2 (series). |
| 24. | Enter Accounting Data and Document ID funding for the ADSW-AC and/or Per Diem. 24A. Signature of person authorized to approve funding. |
| 25. | ISC (pf) use Only. |
| 23. Remarks: | |

Section III - Document ID and Accounting Data

24. If applicable, provide Document ID and Accounting Data below:

| | DIST | APPN CODE | LIM CODE | ALLOT FUND | PGRM ELEMENT | COST CENTER | OBJECT CLASS | TYPE | FY | TONO | SUFFIX | EST COST |
|------|------|-----------|----------|------------|--------------|-------------|--------------|------|----|------|--------|----------|
| P&A | | | | | | | | 72 | | | | |
| FICA | | | | | | | | 72 | | | | |
| TVL | | | | | | | | | | | | |

24A. Approving Official Signature:

Date:

Section IV - ISC (pf)/fot Approval

| | | |
|---|---|-------|
| 25. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> See Remarks | Authorizing Official Signature: <i>(Name, Title, & Phone)</i> | Date: |
| 26. PERSRU Action Completed | | Date: |